

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICA STRONG AND FREE ACTION INC.

ADDRESS (number and street)

PO BOX 1955

Check if different
than previously
reported. (ACC)

LITTLE ROCK

AR

72203-1955

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00831552

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

KOCH, TIMOTHY, , ,

Signature of Treasurer

KOCH, TIMOTHY, , ,

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

AMERICA STRONG AND FREE ACTION INC.

Report Covering the Period:

From:

MM / DD / YYYY
07 / 01 / 2023

To:

MM / DD / YYYY
12 / 31 / 2023

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, 2023 | | 0.00 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 944142.24 | |
| (c) Total Receipts (from Line 19) | 583426.65 | 2858390.64 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 1527568.89 | 2858390.64 |
| 7. Total Disbursements (from Line 31) | 1477119.85 | 2807941.60 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | 50449.04 | 50449.04 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

AMERICA STRONG AND FREE ACTION INC.

Report Covering the Period:

From:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 7 | | 0 | 1 | | 2 | 0 | 2 | 3 |

To:

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 2 | | 3 | 1 | | 2 | 0 | 2 | 3 |

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 429000.00 | 2489200.00 |
| (ii) Unitemized | 936.65 | 1128.25 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 429936.65 | 2490328.25 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 90000.00 | 95000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 519936.65 | 2585328.25 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 63490.00 | 273062.39 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 583426.65 | 2858390.64 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 583426.65 | 2858390.64 |

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 640016.02 | 1683012.93 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 640016.02 | 1683012.93 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditures (use Schedule E) | 837103.83 | 1124928.67 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 1477119.85 | 2807941.60 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 1477119.85 | 2807941.60 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 519936.65 | 2585328.25 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 519936.65 | 2585328.25 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶ | 640016.02 | 1683012.93 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 63490.00 | 273062.39 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36)▶ | 576526.02 | 1409950.54 |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AGENTS INSURANCE SERVICES, INC.Mailing Address 7000 JEFFERSON PARKWAY
STE DCity
WHITE HALLState
ARZip Code
71602-3267FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 15 / 2023**Transaction ID : A105385A4030C4DAF82B**

Amount of Each Receipt this Period

500.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. COMPASS FINANCIAL INC.

Mailing Address PO BOX 2037

City
LITTLE ROCKState
ARZip Code
72203-2037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 03 / 2023**Transaction ID : A02305629BBD04C3EB1C**

Amount of Each Receipt this Period

20000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. DEMING, CLAIBORNE, , ,

Mailing Address PO BOX 1009

City
EL DORADOState
ARZip Code
71731-1009FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

RETIRED

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 25 / 2023**Transaction ID : A295E09F29CD0445E9A0**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

30500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 69
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. FIORI, SAM, , ,

Mailing Address 8215 MILE TREE DRIVE

City
FORT SMITHState
ARZip Code
72903-4365FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
K-MAC ENTERPRISES INCOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : A68A99A242B024DC08AB

Amount of Each Receipt this Period

5000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. FORD, DANNY, , ,

Mailing Address PO BOX 97

City
RECTORState
ARZip Code
72461FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLEN SAINOccupation (for Individual)
OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2023

Transaction ID : A7C12A22846EB4512A22

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify)
ANNUAL

Aggregate Year-to-Date ▼

9422.55

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 21 / 2023

Transaction ID : A569C1264C5A346F693C

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 8 OF 69
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. GARAS, AHAB, , ,

Mailing Address 114 DRIFTWOOD LANE

City
LARGOState
FLZip Code
33770FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLOBAL PRINCIPAL PARTNERSOccupation (for Individual)
INVESTMENT BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : A8F413AA2635743B6B92

Amount of Each Receipt this Period

1000.00

☐ Memo Item

EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify) ▼
ANNUAL

Aggregate Year-to-Date ▼

9422.55

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : A2C6615DC68BC4B648E5

Amount of Each Receipt this Period

1000.00

☒ Memo Item

CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. GRUMBLES, THOMAS, , ,

Mailing Address 65 GRUMPYS DR

City
GREENBRIERState
ARZip Code
72058-8512FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
FIRST SERVICE BANKOccupation (for Individual)
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 18 / 2023

Transaction ID : AF89B68B4C2BD42CEBA3

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 9 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. HACHEM, LAURICE, , ,Mailing Address 601 N ASHLEY DR
SUITE 800City
TAMPAState
FLZip Code
33602-4343FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SLH PROPERTY MANAGEMENTOccupation (for Individual)
PROPERTY MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 23 / 2023

Transaction ID : A4FAB33B9C2714FD094D

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. LEVY, ARIEL, , ,

Mailing Address 250 W SPRING ST #1114

City
COLUMBUSState
OHZip Code
43215FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELFOccupation (for Individual)
INVESTMENT BANKING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2023

Transaction ID : A692E99BD1243484CAA9

Amount of Each Receipt this Period

1000.00

☐ Memo Item
EARMARKED (NON-DIRECTED) THROUGH WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For: 2023

☐ Primary ☐ General
☒ Other (specify)
ANNUAL

Aggregate Year-to-Date ▼

9422.55

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 19 / 2023

Transaction ID : AC8473363797440328B1

Amount of Each Receipt this Period

1000.00

☒ Memo Item
CONDUIT MEMO TOTAL

EARMARK NON-DIRECTED

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

26000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER: PAGE 10 OF 69
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. MURPHY, MADISON, , ,Mailing Address 200 N. JEFFERSON
SUITE 400City
EL DORADOState
ARZip Code
71730-5854FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
INVESTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2023

Transaction ID : A7EC6A5620BD7494E8AB

Amount of Each Receipt this Period

15000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. OUDIN PROPERTY, LLCMailing Address 7000 JEFFERSON PARKWAY
STE DCity
WHITE HALLState
ARZip Code
71602-3267FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2023

Transaction ID : A907D45FEFDD24F308B4

Amount of Each Receipt this Period

500.00

☐ Memo Item
PARTNERSHIP: SEE ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. OUDIN, MARC, , ,

Mailing Address 7000 JEFFERSON PARKWAY

City
WHITE HALLState
ARZip Code
71602FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
AGENTS MUTUAL INSURANCE COMPANYOccupation (for Individual)
GENERAL AGENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2023

Transaction ID : ABE497FE67FA347EE91E

Amount of Each Receipt this Period

500.00

☒ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

15500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 11 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. POYDRAS PROPERTIES, LLCMailing Address 1250 POYDRAS STREET
SUITE 220City
NEW ORLEANSState
LAZip Code
70113-1804FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : AF32AC8C7EF134F43BEF

Amount of Each Receipt this Period

75000.00

☐ Memo Item

PARTNERSHIP: SEE ATTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ROBERTSON, CHRIS, , ,

Mailing Address PO BOX 2037

City
LITTLE ROCKState
ARZip Code
72203-2037FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
COMPASS FINANCIALOccupation (for Individual)
SELF EMPLOYED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 18 / 2023

Transaction ID : A9E74D18E0F714FDC817

Amount of Each Receipt this Period

75000.00

☒ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. STICKLER, DAVID, , ,Mailing Address 801 BRICKELL AVE
SUITE 800City
MIAMIState
FLZip Code
33131-2978FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
GLOBAL PRINCIPAL PARTNERSOccupation (for Individual)
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

60000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2023

Transaction ID : AD2F3E6AF85874D43AE4

Amount of Each Receipt this Period

10000.00

☐ Memo Item

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

85000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 12 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALTON, ALICE, , ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
PHILANTHROPIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 18 / 2023

Transaction ID : A1A4E1D66DF2D45A4806

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALTON, JIM, C., ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
ARVEST BANKINGOccupation (for Individual)
BANKING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2023

Transaction ID : A143E640CB7F348D9B91

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALTON, OLIVIA, , ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
NON-PROFIT SECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2023

Transaction ID : A8D6E89E614734644A13

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 13 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. WALTON, ROBSON, , ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RETIREDOccupation (for Individual)
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 12 / 2023

Transaction ID : AE77FDCAB778C4F829C9

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. WALTON, STEUART, L., ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUNWAY GROUP, LLCOccupation (for Individual)
ECONOMIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 19 / 2023

Transaction ID : AEC6C3157724A4D2CBBA

Amount of Each Receipt this Period

50000.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. WALTON, THOMAS, L., ,

Mailing Address PO BOX 1860

City
BENTONVILLEState
ARZip Code
72712-1860FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
RUNWAY GROUP, LLCOccupation (for Individual)
ECONOMIC DEVELOPMENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

125000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 14 / 2023

Transaction ID : AFA06FA05D7054A33962

Amount of Each Receipt this Period

25000.00

☐ Memo Item
CONTRIBUTION**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 69
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. YARBROUGH, KEN, , ,

Mailing Address PO BOX 19058

City
JONESBOROState
ARZip Code
72403-6600FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SELF EMPLOYEDOccupation (for Individual)
FARMER/AUTODEALER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 16 / 2023

Transaction ID : A472685313CE94B918D3

Amount of Each Receipt this Period

5000.00

☐ Memo Item

IN KIND: RADIO ADVERTISING (SEE SCHEDULE E)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

429000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 15 OF 69
(check only one)

| | | | |
|------------------------------|------------------------------|---|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICA STRONG AND FREE PAC

Mailing Address 1060 POWERS PL

City
ALPHARETTAState
GAZip Code
30009-8355FEC ID number of contributing
federal political committee.**C** C00780999

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 18 / 2023**Transaction ID : A355BA119B1754CBAB7F**

Amount of Each Receipt this Period

90000.00

☐ Memo Item

CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.**C**

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

90000.00

90000.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 69

(check only one)

| | | | |
|------------------------------|------------------------------|--|-----------------------------|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 17 | | | |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. ALL AMERICAN CONSULTING US, LLCMailing Address 1712 PIONEER AVE
SUITE 500City
CHEYENNEState
WYZip Code
82001-4406FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / / **Transaction ID : A0805C3BA5D43469ABE2**

Amount of Each Receipt this Period

☐ Memo Item

VENDOR REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

 / / **Transaction ID : AE48D56292FE5456894B**

Amount of Each Receipt this Period

☐ Memo Item

VENDOR REFUND

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. THE BIG RED LLCMailing Address 2300 OLYMPIA DR
UNIT 271192City
FLOWER MOUNDState
TXZip Code
75027-0369FEC ID number of contributing
federal political committee.

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

 / / **Transaction ID : ACBF8C32357924539955**

Amount of Each Receipt this Period

☐ Memo Item

VENDOR REFUND

SUBTOTAL of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 69

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. ALL AMERICAN CONSULTING US, LLCMailing Address 1712 PIONEER AVE
SUITE 500City
CHEYENNEState
WYZip Code
82001-4406Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C Transaction ID : B29D82B573

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031Purpose of Disbursement
GRASSROOTS FUNDRAISING SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C Transaction ID : B57E192B9E4

Amount of Each Disbursement this Period

17480.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031Purpose of Disbursement
GRASSROOTS FUNDRAISING SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 19 / 2023

FEC Identification Number

C Transaction ID : B87D0849D5

Amount of Each Disbursement this Period

12880.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

80360.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C**Transaction ID : B58BBDA930**

Amount of Each Disbursement this Period

14780.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C**Transaction ID : B58AAFB97C**

Amount of Each Disbursement this Period

26735.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 2 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C**Transaction ID : B08BE20ED2**

Amount of Each Disbursement this Period

23320.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

64835.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 19 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 0 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BDB408A31D

Amount of Each Disbursement this Period

14575.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

PROJECT MANAGEMENT SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B368314C30C

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BC4C6EB49:

Amount of Each Disbursement this Period

12220.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

46795.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. AMERICAN POLITICAL CONSULTING, LLC

Mailing Address 9480 MAIN ST, SUITE 1055

City
FAIRFAXState
VAZip Code
20031

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 3 | 0 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B5457E6A83I

Amount of Each Disbursement this Period

18715.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045

Purpose of Disbursement

SOFTWARE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BE785878B5F

Amount of Each Disbursement this Period

1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. ARISTOTLE INTERNATIONAL, INC.

Mailing Address PO BOX 716045

City
PHILADELPHIAState
PAZip Code
19171-6045

Purpose of Disbursement

SOFTWARE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 2 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B74DA6A10I

Amount of Each Disbursement this Period

1200.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

21115.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. ASHBY LAW PCMailing Address 625 N WASHINGTON STREET
SUITE 325City
ALEXANDRIAState
VAZip Code
22314-1948Purpose of Disbursement
LEGAL SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 15 / 2023

FEC Identification Number

C Transaction ID : BD0357621E

Amount of Each Disbursement this Period

16599.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C Transaction ID : B8A0E677EC

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914Purpose of Disbursement
BANK FEE

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 07 / 2023

FEC Identification Number

C Transaction ID : BCACC74C3

Amount of Each Disbursement this Period

30.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

16659.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B714FC6EF5

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BBD864102E

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BE3BF9971C

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B123FB8C58

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B8B8CC5595

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 0 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B0964AA299

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 24 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 1 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BA9E276BFA

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B5432B33C1!

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B4298B4342:

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

90.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 25 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B1282549C3I

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B39DAE2C0C

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 0 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BB3FB12E2C

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 26 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 0 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BA7D91A2D5

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 1 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B9B5F57CDE

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 4 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BBD4ADD40

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

90.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 27 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B2175510333

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B5C7FC0C13

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B4246BCCF2

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

65.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 28 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 6 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B15E11B529

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B71EA55C0E

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : BDE88960EC

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| | | | | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|
| 6 | 5 | 0 | 0 | | | | | | | | | | |
|---|---|---|---|--|--|--|--|--|--|--|--|--|--|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 29 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B15A54EE15

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B1DDCC3049

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B086A90D04

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

90.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 30 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BC13F74777

Amount of Each Disbursement this Period

30.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B40F521D4A

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 3 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BD03CE3F99

Amount of Each Disbursement this Period

30.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

65.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 3 | 1 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B68639E031C

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 4 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B85111B32F0

Amount of Each Disbursement this Period

5.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BANK OF AMERICA

Mailing Address 600 N WASHINGTON ST

City
ALEXANDRIAState
VAZip Code
22314-1914

Purpose of Disbursement

BANK FEE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BA6707036F

Amount of Each Disbursement this Period

5.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

15.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 32 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. BARBOUR, AUSTIN, , ,

Mailing Address 2018 BRECON DRIVE

City
JACKSONState
MSZip Code
39211-5838

Purpose of Disbursement

REIMBURSEMENT: SEE MEMO

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BC7855B718I

Amount of Each Disbursement this Period

723.34

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FOUR POINTS BY SHERATON

Mailing Address 5311 S HOWELL AVE

City
MILWAUKEEState
WIZip Code
53207-6114

Purpose of Disbursement

LODGING

Candidate Name

002

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-----------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B4FEED26C4

Amount of Each Disbursement this Period

239.20

☒ Memo Item

Full Name (Last, First, Middle Initial)

C. BARBOUR, AUSTIN, , ,

Mailing Address 2018 BRECON DRIVE

City
JACKSONState
MSZip Code
39211-5838

Purpose of Disbursement

STRATEGIC CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B862CD908C

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10723.34

TOTAL This Period (last page this line number only)..... ►

| | | | | | | | | | |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" type="checkbox"/> | 21b | <input type="checkbox"/> | 22 | <input type="checkbox"/> | 23 | <input type="checkbox"/> | 26 | <input type="checkbox"/> | 27 |
| <input type="checkbox"/> | 28a | <input type="checkbox"/> | 28b | <input type="checkbox"/> | 28c | <input type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

AMERICA STRONG AND FREE ACTION INC.

Memo Item

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 34 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. GILMORE STRATEGY GROUP

Mailing Address PO BOX 1955

City
LITTLE ROCKState
ARZip Code
72203-1955Purpose of Disbursement
STRATEGIC CONSULTING/RENT
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BEF67960961

Amount of Each Disbursement this Period

13000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GILMORE STRATEGY GROUP

Mailing Address PO BOX 1955

City
LITTLE ROCKState
ARZip Code
72203-1955Purpose of Disbursement
STRATEGIC CONSULTING/RENT/TRAVEL EXPENSES
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B2A57408C6/

Amount of Each Disbursement this Period

14101.98

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GILMORE STRATEGY GROUP

Mailing Address PO BOX 1955

City
LITTLE ROCKState
ARZip Code
72203-1955Purpose of Disbursement
STRATEGIC CONSULTING/RENT
Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B5000B9E9B

Amount of Each Disbursement this Period

11650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

38751.98

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 35 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. GILMORE STRATEGY GROUP

Mailing Address PO BOX 1955

City
LITTLE ROCKState
ARZip Code
72203-1955Purpose of Disbursement
STRATEGIC CONSULTING/RENT

001

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 3 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B0788BB493

Amount of Each Disbursement this Period

11650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GILMORE STRATEGY GROUP

Mailing Address PO BOX 1955

City
LITTLE ROCKState
ARZip Code
72203-1955Purpose of Disbursement
STRATEGIC CONSULTING/RENT

001

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B8FAEFA10C

Amount of Each Disbursement this Period

11650.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GOLDEN HORSESHOE STRATEGIES, LLC

Mailing Address PO BOX 11059

City
CHARLESTONState
WVZip Code
25339-1059Purpose of Disbursement
GRASSROOTS CONSULTING SERVICES

001

Category/
TypeOffice Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B90F2F4369

Amount of Each Disbursement this Period

7650.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

30950.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 36 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. GOLDEN HORSESHOE STRATEGIES, LLC

Mailing Address PO BOX 11059

City
CHARLESTONState
WVZip Code
25339-1059

Purpose of Disbursement

GRASSROOTS CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B4A244DDC/

Amount of Each Disbursement this Period

14500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. GOLDEN HORSESHOE STRATEGIES, LLC

Mailing Address PO BOX 11059

City
CHARLESTONState
WVZip Code
25339-1059

Purpose of Disbursement

GRASSROOTS CONSULTING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B7FFE153A0/

Amount of Each Disbursement this Period

4500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. GULF PARTYLINEMailing Address 230 PEACHTREE STREET NW
SUITE 2350City
ATLANTAState
GAZip Code
30303-1585

Purpose of Disbursement

FUNDRAISING SOFTWARE

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BB9D8EBC1/

Amount of Each Disbursement this Period

3750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

22750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535

Purpose of Disbursement

ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B1BE1AF007

Amount of Each Disbursement this Period

4765.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535

Purpose of Disbursement

ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 1 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B23FC28BCC

Amount of Each Disbursement this Period

7810.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535

Purpose of Disbursement

ACCOUNTING/COMPLIANCE SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BFE870D041

Amount of Each Disbursement this Period

5829.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

18405.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535Purpose of Disbursement
ACCOUNTING/COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 19 2023

FEC Identification Number

C Transaction ID : B925B8E1901

Amount of Each Disbursement this Period

1847.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535Purpose of Disbursement
ACCOUNTING/COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 08 2023

FEC Identification Number

C Transaction ID : B2E1BF927B,

Amount of Each Disbursement this Period

978.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KOCH & HOOS, LLCMailing Address 901 N WASHINGTON ST
STE 700City
ALEXANDRIAState
VAZip Code
22314-1535Purpose of Disbursement
ACCOUNTING/COMPLIANCE SERVICES

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 11 2023

FEC Identification Number

C Transaction ID : B2F940B817

Amount of Each Disbursement this Period

576.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3402.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C**Transaction ID : B613CE7EE6**

Amount of Each Disbursement this Period

12980.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C**Transaction ID : B875F667011**

Amount of Each Disbursement this Period

8380.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C**Transaction ID : BBE52FF2D1**

Amount of Each Disbursement this Period

21500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

42860.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BA0B4EF21D

Amount of Each Disbursement this Period

900.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 4 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : BFAF547D2A

Amount of Each Disbursement this Period

30740.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 3 | 1 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C

Transaction ID : B38AB77E1F

Amount of Each Disbursement this Period

55940.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

87580.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. MARQUETTE ENTERPRISES LLC

Mailing Address 11805 WATTS CT

City
TAVARESState
FLZip Code
32778-4733

Purpose of Disbursement

GRASSROOTS FUNDRAISING SERVICES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : BE928177054

Amount of Each Disbursement this Period

34980.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. REGENT STRATEGIESMailing Address 520 12TH ST S
#208City
ARLINGTONState
VAZip Code
22202-4212

Purpose of Disbursement

STRATEGIC CONSULTING

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B905989CFB4

Amount of Each Disbursement this Period

11467.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. REGENT STRATEGIESMailing Address 520 12TH ST S
#208City
ARLINGTONState
VAZip Code
22202-4212

Purpose of Disbursement

STRATEGIC CONSULTING/TRAVEL EXPENSES

Candidate Name

001

Category/
Type

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C

Transaction ID : B6582FDD54

Amount of Each Disbursement this Period

9518.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

55966.40

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 42 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. REGENT STRATEGIESMailing Address 520 12TH ST S
#208City
ARLINGTONState
VAZip Code
22202-4212Purpose of Disbursement
STRATEGIC CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C Transaction ID : BFDD46BF6E

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. RIVAL STRATEGY GROUP LLC

Mailing Address PO BOX 92918

City
ALBUQUERQUEState
NMZip Code
87199-2918Purpose of Disbursement
MEDIA/DIGITAL CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C Transaction ID : B31F14BE8A

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RIVAL STRATEGY GROUP LLC

Mailing Address PO BOX 92918

City
ALBUQUERQUEState
NMZip Code
87199-2918Purpose of Disbursement
MEDIA/DIGITAL CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 4 | | | 2 | 0 | 2 | 3 | |

FEC Identification Number

C Transaction ID : B962DCD607

Amount of Each Disbursement this Period

10000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. RIVAL STRATEGY GROUP LLC

Mailing Address PO BOX 92918

City
ALBUQUERQUEState
NMZip Code
87199-2918Purpose of Disbursement
MEDIA/DIGITAL CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B0B8503D9E

Amount of Each Disbursement this Period

10000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B6E9105B71A

Amount of Each Disbursement this Period

3750.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
DATABASE SUBSCRIPTION

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B06ABC806S

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13900.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 12 / 2023

FEC Identification Number

C Transaction ID : B617476E0Ff

Amount of Each Disbursement this Period

4632.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2023

FEC Identification Number

C Transaction ID : BEB896BC6D

Amount of Each Disbursement this Period

5125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
DATABASE SUBSCRIPTION

001

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 18 / 2023

FEC Identification Number

C Transaction ID : B9A4394084I

Amount of Each Disbursement this Period

150.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

9907.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 45 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B7C27318AC

Amount of Each Disbursement this Period

2300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B7B4F40F24E

Amount of Each Disbursement this Period

5960.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WILLOWSTONE CONSULTING, LLCMailing Address 580 EL CAMINO REAL
#3502City
NAPLESState
FLZip Code
34119-7400Purpose of Disbursement
FUNDRAISING CONSULTING

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 3 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C Transaction ID : B10873C75F

Amount of Each Disbursement this Period

2375.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

10635.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 46 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 0 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BA86F1A899

Amount of Each Disbursement this Period

0.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BA3796AB80

Amount of Each Disbursement this Period

2.47

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 4 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B07E96413F

Amount of Each Disbursement this Period

0.38

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

3.53

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 47 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B70359E2AA

Amount of Each Disbursement this Period

0.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BF0224CDAD

Amount of Each Disbursement this Period

0.78

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 7 | | | 2 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B7726336DC

Amount of Each Disbursement this Period

99.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

99.96

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 48 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 1 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323**Transaction ID : B989B2320D**

Amount of Each Disbursement this Period

0.18

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 0 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323**Transaction ID : B007D7A1F6I**

Amount of Each Disbursement this Period

0.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 1 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323**Transaction ID : BC8D64F688**

Amount of Each Disbursement this Period

0.41

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1.54

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B7D9B4F46C

Amount of Each Disbursement this Period

2.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B3691A83FBI

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 8 | | | 2 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B2B31505C0

Amount of Each Disbursement this Period

99.26

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

200.33

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 0 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BD151AE251!

Amount of Each Disbursement this Period

0.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 2 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B198136FAD!

Amount of Each Disbursement this Period

17.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 1 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B124E99658!

Amount of Each Disbursement this Period

0.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

17.48

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 51 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B731CDDBEI

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 9 | | | 2 | 6 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B2C1294BAD

Amount of Each Disbursement this Period

0.52

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| | 1 | 0 | | | 0 | 3 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B9E10FBE67

Amount of Each Disbursement this Period

0.02

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

99.54

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 0 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : BA15D4ACF/**

Amount of Each Disbursement this Period

0.20

☐ Memo ItemPurpose of Disbursement
PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 1 | 7 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : B809A4577B/**

Amount of Each Disbursement this Period

0.11

☐ Memo ItemPurpose of Disbursement
PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 2 | 4 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : B65728E87B**

Amount of Each Disbursement this Period

0.06

☐ Memo ItemPurpose of Disbursement
PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.37

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 53 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 2 | 7 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : B2A05ECC63**

Amount of Each Disbursement this Period

99.00

☐ Memo Item

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 0 | | | 3 | 1 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : BC33F66FF2:**

Amount of Each Disbursement this Period

0.19

☐ Memo Item

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | | 0 | 7 | | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : BE635C8BB1**

Amount of Each Disbursement this Period

0.21

☐ Memo Item

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

99.40

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 1 | 4 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B04972EB33/

Amount of Each Disbursement this Period

0.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 2 | 1 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B3F3466BF8C

Amount of Each Disbursement this Period

0.15

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | | 2 | 7 | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : B95AF045A7

Amount of Each Disbursement this Period

99.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

99.26

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 55 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 1 | 1 | | 2 | 8 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BD02E39B81

Amount of Each Disbursement this Period

0.36

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 0 | 5 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BCF431EA6E

Amount of Each Disbursement this Period

0.21

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED

Mailing Address PO BOX 9891

City
ARLINGTONState
VAZip Code
22219-1891

Purpose of Disbursement

PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Date of Disbursement

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | | | 1 | 9 | | | 2 | 0 | 2 | 3 | | |

FEC Identification Number

C C00694323

Transaction ID : BAAB4098E/

Amount of Each Disbursement this Period

0.11

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

0.68

TOTAL This Period (last page this line number only)..... ►

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 56 OF 69

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

AMERICA STRONG AND FREE ACTION INC.

Full Name (Last, First, Middle Initial)

A. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 2 | 7 | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : BB7B628089**

Amount of Each Disbursement this Period

0.21

☐ Memo ItemPurpose of Disbursement
PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

B. WINRED

Mailing Address PO BOX 9891

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 1 | 2 | 3 | | 2 | 7 | | 2 | 0 | 2 | 3 | | |

City
ARLINGTONState
VAZip Code
22219-1891

FEC Identification Number

C C00694323**Transaction ID : B007CA44D2I**

Amount of Each Disbursement this Period

99.00

☐ Memo ItemPurpose of Disbursement
PROCESSING FEE

001

Category/
Type

Candidate Name

WINRED

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | | |

City

State

Zip Code

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Purpose of Disbursement

Candidate Name

Office Sought:

| | |
|--------------------------|-----------|
| <input type="checkbox"/> | House |
| <input type="checkbox"/> | Senate |
| <input type="checkbox"/> | President |

Disbursement For:

| | | | |
|--------------------------|-------------------|--------------------------|---------|
| <input type="checkbox"/> | Primary | <input type="checkbox"/> | General |
| <input type="checkbox"/> | Other (specify) ▼ | | |

State:

District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

99.21

640016.02

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 57 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|--|-------------|------------------------|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee ALFANO COMMUNICATIONS <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 19 / 2023 | |
| Mailing Address 110 HAWTHORNE CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">8750.00</div> | |
| City LANDENBERG | State PA | Zip Code 19350-9508 | Transaction ID : EA13BE02EC801479AB40 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 20 / 2023 | |
| Purpose of Expenditure AD PRODUCTION | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">378436.81</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee ALFANO COMMUNICATIONS <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 07 / 2023 | |
| Mailing Address 110 HAWTHORNE CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6500.00</div> | |
| City LANDENBERG | State PA | Zip Code 19350-9508 | Transaction ID : EFFF9C45E203848DC991 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 03 / 2023 | |
| Purpose of Expenditure AD PRODUCTION | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">104597.97</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">15250.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 58 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|--|-------------|------------------------|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee ALFANO COMMUNICATIONS <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Mailing Address 110 HAWTHORNE CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div> | |
| City LANDENBERG | State PA | Zip Code 19350-9508 | Transaction ID : EBB6AF00C9DC04C0A9B. Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Purpose of Expenditure AD PRODUCTION - RADIO | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">38609.59</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee CUSTOMIZED NEWSPAPER ADVERTISING <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 28 / 2023 | |
| Mailing Address 319 E 5TH ST | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">36683.74</div> | |
| City DES MOINES | State IA | Zip Code 50309-1927 | Transaction ID : E0894F67778BF4FCCAFB Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 10 / 19 / 2023 | |
| Purpose of Expenditure NEWSPAPER ADVERTISING | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">490520.55</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">38683.74</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 59 OF 69
FOR LINE 24 OF FORM 3X

| | |
|---|---|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | FEC IDENTIFICATION NUMBER ▼ C C00831552 |
|---|---|

Check if ☐ 24-hour report ☐ 48-hour report

New report

Amends report filed on

M M / D D / Y Y Y Y Y Y
08 / 17 / 2023Full Name of Payee
EAB RADIO NETWORKS (VIA IN KIND FROM KEN YARBROUGH)☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
08 / 17 / 2023

Mailing Address 407 W PARKER RD

Amount

3500.00

City

JONESBORO

State

AR

Zip Code

72404-8408

Purpose of Expenditure
RADIO ADVERTISINGCategory/
Type

Transaction ID : E1B944B4C85DF49528F1

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
08 / 16 / 2023

Name of Federal Candidate:

HUTCHINSON, W. ASA, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: AR

Calendar Year-To-Date
Per Election for Office Sought

38609.59

Disbursement For: ☒ Primary ☐ General
2024 ☐ Other (specify) ▶Full Name of Payee
GILMORE STRATEGY GROUP☐ Memo Item

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y Y
10 / 28 / 2023

Mailing Address PO BOX 1955

Amount

400.00

City

LITTLE ROCK

State

AR

Zip Code

72203-1955

Purpose of Expenditure
AD PRODUCTIONCategory/
Type

Transaction ID : EA6A44EBAC7864C21945

Date of Disbursement or Obligation

M M / D D / Y Y Y Y Y Y
10 / 27 / 2023

Name of Federal Candidate:

HUTCHINSON, W. ASA, , ,

☒ Support☐ Oppose

Office Sought:

☐ House

District: 00

☒ President☐ Senate

State: IA

Calendar Year-To-Date
Per Election for Office Sought

490520.55

Disbursement For: ☒ Primary ☐ General
2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures

3900.00

(b) SUBTOTAL of Unitemized Independent Expenditures.....

(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

KOCH, TIMOTHY, , ,

Signature

Date

M M / D D / Y Y Y Y Y Y
01 / 26 / 2024

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 60 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee GILMORE STRATEGY GROUP <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 18 / 2023 | |
| Mailing Address PO BOX 1955 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">86597.79</div> | |
| City LITTLE ROCK | State AR | Zip Code 72203-1955 | Transaction ID : EE3B4BBBD4EF9349E884A | |
| Purpose of Expenditure DIRECT MAIL | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 12 / 11 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">577118.34</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee GRASSROOTS FOR YOU LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 17 / 2023 | |
| Mailing Address 1408 BARTON CREEK BLVD | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">467.34</div> | |
| City AUSTIN | State TX | Zip Code 78735-1611 | Transaction ID : EAC2F9AD7F8294BE48A | |
| Purpose of Expenditure TEXT ADVERTISING | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 19 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">369686.81</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">87065.13</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| _____ Signature KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 61 OF 69
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee I360, LLC <input type="checkbox"/> Memo Item | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 15 / 2023 | |
| Mailing Address 2300 CLARENDON BLVD SUITE 800 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2000.00</div> | |
| City ARLINGTON | | State VA | Zip Code 22201-3382 | | Transaction ID : E47486AFB1D644546A9B |
| Purpose of Expenditure DATABASE LIST SERVICES | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 14 / 2023 |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">133687.97</div> | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee I360, LLC <input type="checkbox"/> Memo Item | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Mailing Address 2300 CLARENDON BLVD SUITE 800 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4000.00</div> | |
| City ARLINGTON | | State VA | Zip Code 22201-3382 | | Transaction ID : E15EEC45A87464DB993D |
| Purpose of Expenditure DATABASE LIST SERVICES | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">150687.93</div> | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">6000.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 62 OF 69
FOR LINE 24 OF FORM 3X

| | | | | | |
|---|--|--|--|---|------------------------|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | |
| Full Name of Payee I360, LLC | | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Mailing Address 2300 CLARENDON BLVD SUITE 800 | | | City ARLINGTON | State VA | Zip Code 22201-3382 |
| Purpose of Expenditure DATABASE LIST SERVICES | | | | | |
| Category/ Type | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">20000.00</div> Transaction ID : E6E4C9B5661E74A39990 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">326212.93</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee JONSEBORO RADIO GROUP (VIA IN KIND FROM KEN YARBROUGH) | | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Mailing Address 314 UNION ST | | | City JONESBORO | State AR | Zip Code 72401-2815 |
| Purpose of Expenditure RADIO ADVERTISING | | | | | |
| Category/ Type | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1500.00</div> Transaction ID : EDAC45443F8C84BC8AEI Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">38609.59</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">21500.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 63 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|------------------------|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee MARQUETTE ENTERPRISES LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 05 / 2023 | |
| Mailing Address 11805 WATTS CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div> | |
| City TAVARES | State FL | Zip Code 32778-4733 | Transaction ID : E03ABBF4BEA624528853 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 05 / 2023 | |
| Purpose of Expenditure CANVASSING: DOOR-TO-DOOR | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">294219.47</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee MARQUETTE ENTERPRISES LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 07 / 2023 | |
| Mailing Address 11805 WATTS CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div> | |
| City TAVARES | State FL | Zip Code 32778-4733 | Transaction ID : ED90D3ED55E474F60895 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 07 / 2023 | |
| Purpose of Expenditure CANVASSING: DOOR-TO-DOOR | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">369219.47</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">150000.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature _____ KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 64 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee MARQUETTE ENTERPRISES LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 21 / 2023 | |
| Mailing Address 11805 WATTS CT | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">75000.00</div> | |
| City TAVARES | State FL | Zip Code 32778-4733 | Transaction ID : ECE51A08840B14D06B06 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 07 / 21 / 2023 | |
| Purpose of Expenditure CANVASSING: DOOR-TO-DOOR | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">453436.81</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee PINPOINT MEDIA LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 07 / 2023 | |
| Mailing Address 4501 FORD AVE SUITE 1109 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60000.00</div> | |
| City ALEXANDRIA | State VA | Zip Code 22302-1565 | Transaction ID : EDF86D4E460BB43A5AA Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 03 / 2023 | |
| Purpose of Expenditure MEDIA PLACEMENT | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">104597.97</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">135000.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 65 OF 69
FOR LINE 24 OF FORM 3X

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|---|--|-------------|---|---|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | | |
| Full Name of Payee PINPOINT MEDIA LLC <input type="checkbox"/> Memo Item | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Mailing Address 4501 FORD AVE SUITE 1109 | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25525.00</div> | |
| City ALEXANDRIA | | State VA | Zip Code 22302-1565 | Transaction ID : EAD9C0370D5304F4B8E0 | |
| Purpose of Expenditure MEDIA PLACEMENT | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">326212.93</div> | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee SEVEN HILLS STRATEGIES <input type="checkbox"/> Memo Item | | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Mailing Address 2540 B FAIRFAX DRIVE | | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">6999.96</div> | |
| City ARLINGTON | | State VA | Zip Code 22201 | Transaction ID : EBD8A1790296E48D28A1 | |
| Purpose of Expenditure TEXT ADVERTISING | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">150687.93</div> | | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">32524.96</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 66 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee SEVEN HILLS STRATEGIES <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023 | |
| Mailing Address 2540 B FAIRFAX DRIVE | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">45000.00</div> | |
| City ARLINGTON | State VA | Zip Code 22201 | Transaction ID : E6BE7D6AE7E9B40FA8B1 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023 | |
| Purpose of Expenditure TEXT ADVERTISING | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">486212.93</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee TELEPHONE TOWNHALL MEETING, INC. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 10 / 2023 | |
| Mailing Address 958 CONEFLOWER DR | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24090.00</div> | |
| City GOLDEN | State CO | Zip Code 80401-9206 | Transaction ID : E220410979AE74AE6AA0 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 10 / 2023 | |
| Purpose of Expenditure TEXT/TELEPHONE COMMUNICATIONS | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | | | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">31609.59</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">69090.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 67 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|-------------|------------------------|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee TELEPHONE TOWNHALL MEETING, INC. <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023 | |
| Mailing Address 958 CONEFLOWER DR | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">24090.00</div> | |
| City GOLDEN | State CO | Zip Code 80401-9206 | Transaction ID : E3B504F0258F04CB687E Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 11 / 2023 | |
| Purpose of Expenditure TEXT/TELEPHONE COMMUNICATIONS | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">128687.97</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee THE BIG RED LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 15 / 2023 | |
| Mailing Address 2300 OLYMPIA DR UNIT 271192 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div> | |
| City FLOWER MOUND | State TX | Zip Code 75027-0369 | Transaction ID : EFD3074A3595044CC8F9 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 15 / 2023 | |
| Purpose of Expenditure TEXT ADVERTISING | | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">133687.97</div> | | | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">27090.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| Signature KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 68 OF 69
FOR LINE 24 OF FORM 3X

| | | | | | |
|--|--|--|--|---|------------------------|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on | | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | |
| Full Name of Payee THE BIG RED LLC | | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 16 / 2023 | |
| Mailing Address 2300 OLYMPIA DR UNIT 271192 | | | City FLOWER MOUND | State TX | Zip Code 75027-0369 |
| Purpose of Expenditure TEXT ADVERTISING | | | | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">150687.93</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee THE BIG RED LLC | | | <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 17 / 2023 | |
| Mailing Address 2300 OLYMPIA DR UNIT 271192 | | | City FLOWER MOUND | State TX | Zip Code 75027-0369 |
| Purpose of Expenditure TEXT ADVERTISING | | | | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">326212.93</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2024 <input type="checkbox"/> Other (specify) ▶ | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">(a) SUBTOTAL of Itemized Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;">136000.00</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(b) SUBTOTAL of Unitemized Independent Expenditures.....</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;">(c) TOTAL Independent Expenditures</div><div style="width: 35%; text-align: right;"><div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div></div> | | | | | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | | |
| Signature <u>KOCH, TIMOTHY, , ,</u> | | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 69 OF 69
FOR LINE 24 OF FORM 3X

| | | | | |
|---|---------------|---|--|--|
| NAME OF COMMITTEE (In Full) AMERICA STRONG AND FREE ACTION INC. | | | FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00831552</div> | |
| Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | | | | |
| Full Name of Payee THE BIG RED LLC <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023 | |
| Mailing Address 2300 OLYMPIA DR UNIT 271192 | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">115000.00</div> | |
| City FLOWER MOUND | State TX | Zip Code 75027-0369 | Transaction ID : EE42C84B63EC644B6804 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 08 / 18 / 2023 | |
| Purpose of Expenditure TEXT ADVERTISING | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: HUTCHINSON, W. ASA, , , | | <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">486212.93</div> | Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| Full Name of Payee <input type="checkbox"/> Memo Item | | | Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | |
| Mailing Address | | | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| City | State | Zip Code | Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> | |
| Purpose of Expenditure | | Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | | |
| Name of Federal Candidate: | | <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ | |
| Calendar Year-To-Date Per Election for Office Sought | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ | |
| (a) SUBTOTAL of Itemized Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">115000.00</div> | |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> | |
| (c) TOTAL Independent Expenditures | | | <div style="border: 1px solid black; padding: 2px; display: inline-block;">837103.83</div> | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | | | | |
| _____ Signature KOCH, TIMOTHY, , , | | | Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">M M / D D / Y Y Y Y Y Y</div> 01 / 26 / 2024 | |